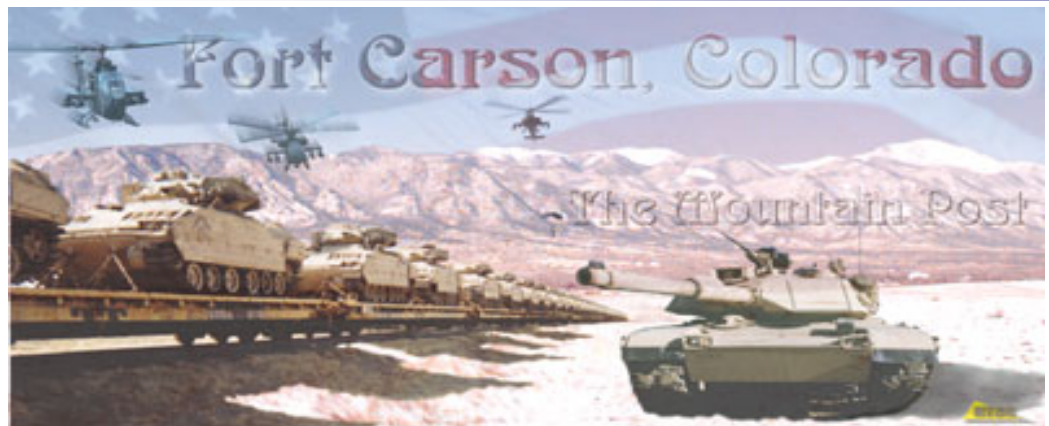


Mountain Post Medical Update



Combat Medic Training

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The 91W is the third largest MOS in the Army. This new MOS merged the previous 91B (Combat Medic) and 91C (Licensed Practical Nurse) under a single umbrella. With this change came very specific and important training requirements which must be initially met and maintained throughout the career of the 91W. This article will highlight those changes. A tracking chart for units on Fort Carson (see Figure 1) will become a reoccurring chart for this update to assist commanders in seeing

how their units are doing in this area. Detail down to BN Level is available upon request.

The 91W Transition officially began on 1 Oct 01 and ends on 30 Sept 07 for the active component and 30 Sept 08 for the Reserve/National Guard. There are three distinct training requirements (see Figure 2). The Mountain Post EMT Schoolhouse offers all phases of 91W Training and will assist the unit in all of their medic training needs.

Dedicated training time

will need to be allotted for the transition to occur. In addition, the medic must attend a 24 hr EMT-Basic Refresher Course and attend 48 hours of approved medic education every 2 years. EMT-Basic re-certification must be submitted by March on the year of its expiration. The Mountain Post EMT Schoolhouse can assist the individual soldier on how to fill out the forms required to request re-certification.

Finally, Training Circular

(Continued on page 3)

Health Tip: Running Shoes

- Typical shoe built to last 300-400 running miles
- Shoes older than 9 months have been shown to increase the risk of running injuries
- Unit leaders can be proactive in shoe inspections as in any other part of the uniform

Disease Non-Battle Injury Tracking

In December 1998, the Joint Chiefs of Staff issued a directive to the unified commands to, "ensure DNBI surveillance data is collected and analyzed using the form and instructions at Enclosure C." The form categorizes various illnesses and injuries into one of 15 different categories based on initial visits to sick call. This form was to be utilized in the deployed setting. Fort Carson has taken an additional step of instituting the

DNBI surveillance program while in garrison. This will allow units to be familiar with the report, be better prepared for deployment and it will provide the commander with a view of the

(Continued on page 2)

DNBI Tracking Continued

“The most common cause for sick call visits on Fort Carson involve injuries due to either recreational sports or training (unit or PT).”

health status of the unit. By tracking illness and injury trends the unit can quickly identify potential areas of concern when the rate for a specific category goes beyond historical norms. Each Battalion Aid Station has been asked to report their DNBI Stats to the Division Surgeon's Office. This data is analyzed and graphed for each battalion

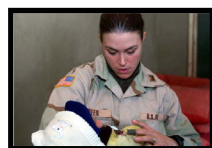
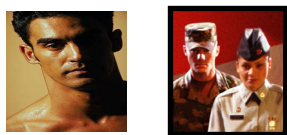
reporting. The total Fort Carson DNBI statistics are on the back page, Figure 3 and 4.

The most common cause for sick call visits on Fort Carson involve injuries due to either recreational sports or training (unit or PT). Each week an average of 5 days of profile is given per soldier on this installation. The sick call visit that gener-

ates the most lost duty time or modified duty time due to profiles is due to injuries. This equates to a cumulative total of over one year of limited duty dispensed each week at Fort Carson. When seen in the aggregate, the impact of injury and disease is significant. The graphs found on the back page for DNBI stats will be a re-occurring inclusion with this

Improving Readiness Thru Sexual Health

“Nearly one battalion worth of soldiers acquire an STD annually on the Mountain Post”



A New Program is available to commanders to address Sexual Health Issues

In 1998 the first comprehensive analysis of unintended pregnancies was conducted on Fort Carson. This analysis showed that 63% of all pregnancies to active duty soldiers on the Mountain Post were unintended. The rate at Fort Lewis was 53% and the national average is 49%. For single female soldiers who became pregnant nearly 90% were unintended. There is between 30-40 cases of gonorrhea or chlamydia per 1000 soldiers on Fort Carson each year totaling nearly one infantry battalion worth of soldiers acquiring an STD annually on the Mountain Post. STDs can impact readiness both in the short term due to hospi-

talization from pelvic inflammatory disease or painful herpes outbreaks to long term from cervical cancer and HIV.

A program to address this issue known as “Choices” was begun in late 1999. This program is being provided to soldiers E-6 and below at inprocessing. Initial review of data suggests that this program has had a positive impact. The STD rate has dropped more than 15% over the last 2 years, despite an overall increase in STD rates in the Army as a whole. Total number of Active Duty pregnancies have also declined.

A follow on program has been developed and is now

available to commanders to address this issue. It is a 4 hour block of instruction that deals with more fundamental issues that often lead to soldiers making unhealthy decisions in their sexual lives. The program is known as “Building Healthy Relationships”. It discusses topics like conflict resolution, debunking myths about sex and relationships, and centers around the belief that our Army Values underpin all our actions on or off duty to include those made as it relates to sex.

To set up a time for your unit to receive this 4 hour block of instruction simply call the Division Surgeon's Office at 526-3904.

Combat Medic Training Continued Continued

8-800 provides information on the steps required to ensure a medic has received Semi- Annual Combat Medic Skills Validation Testing (SACMSV-T). There are VII tables of skills which build on one another and culminate in Table VIII where the medic is tested in a scenario based format on the integration of these skills. Any training conducted in Tables I-VII can be applied to the medic requirement for continuing education.

Any questions can be addressed to the EMT Mountain Post Schoolhouse at 526-2820.



	91W ASSIGNED	TR COMPLETE	% TR'D	Y2 REMOVED	% Y2 REMOVED	EMT EXPIRED	EMT EXP March-03	NEED BTLS	NEED BNCOC/AIMS
MEDDAC	108	50	46%	39	36%	42	33	52	41
3BCT	179	55	31%	37	21%	65	48	116	116
3ACR	184	72	39%	52	28%	56	50	103	107
43rd ASG	186	48	26%	20	11%	73	77	129	141
Other	3	2	67%	1	33%	0	1	1	0
Total	660	227	34%	149	23%	236	209	401	405

Note: TR=Transition

Figure 1: Status of 91W Transition Training on Fort Carson as of 15 September 02

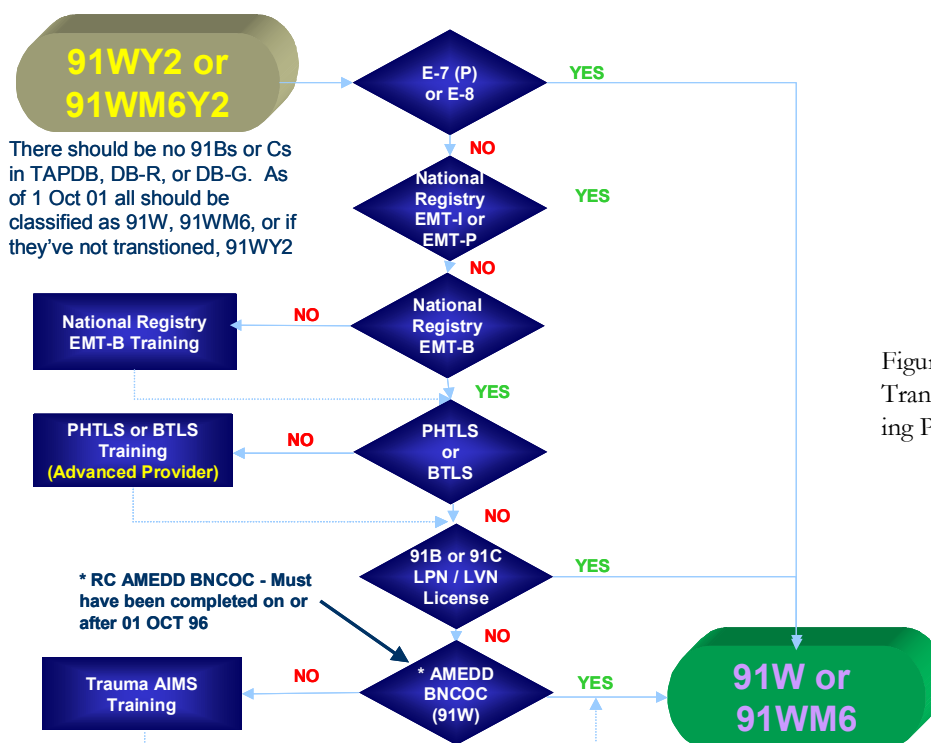


Figure 2: 91W Transition Training Pathway

7th Infantry Division and the Mountain Post

7th Infantry Division Surgeon
HHC, 7th ID
Fort Carson, CO 80913
526-3904

Director of Health Services
USAMEDDAC
Fort Carson, CO 80913
524-4016

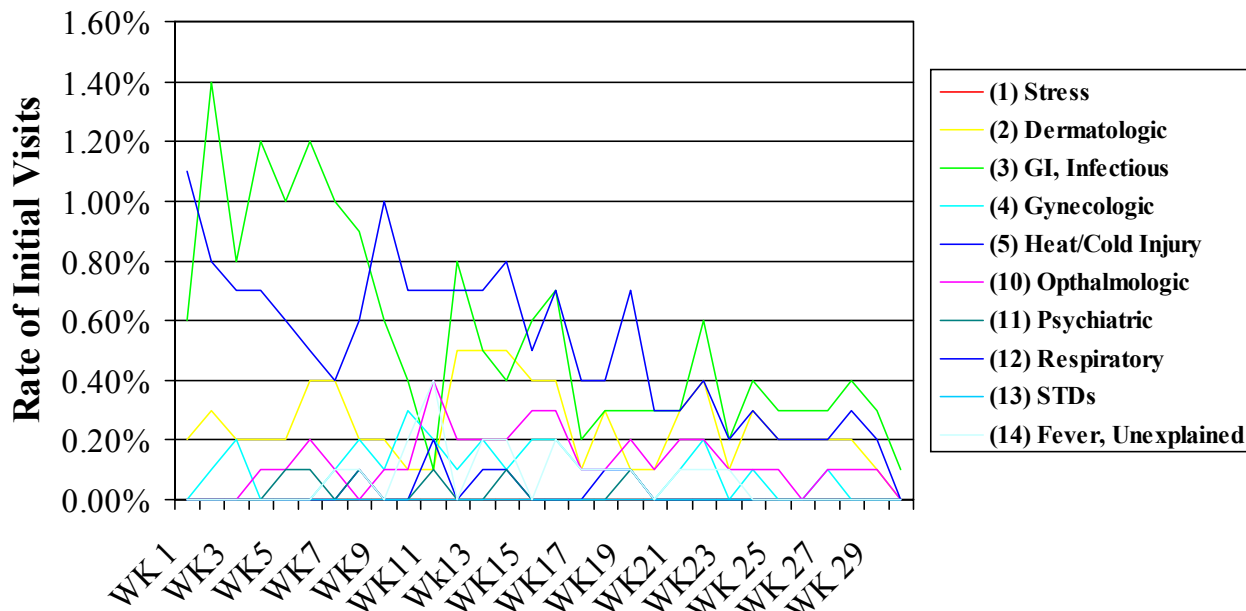


Figure 3: DNBI Rates: Number of initial sick call visits to TMC and aid stations by disease category/Total number of soldiers on Fort Carson. Some units are not reflected in this total

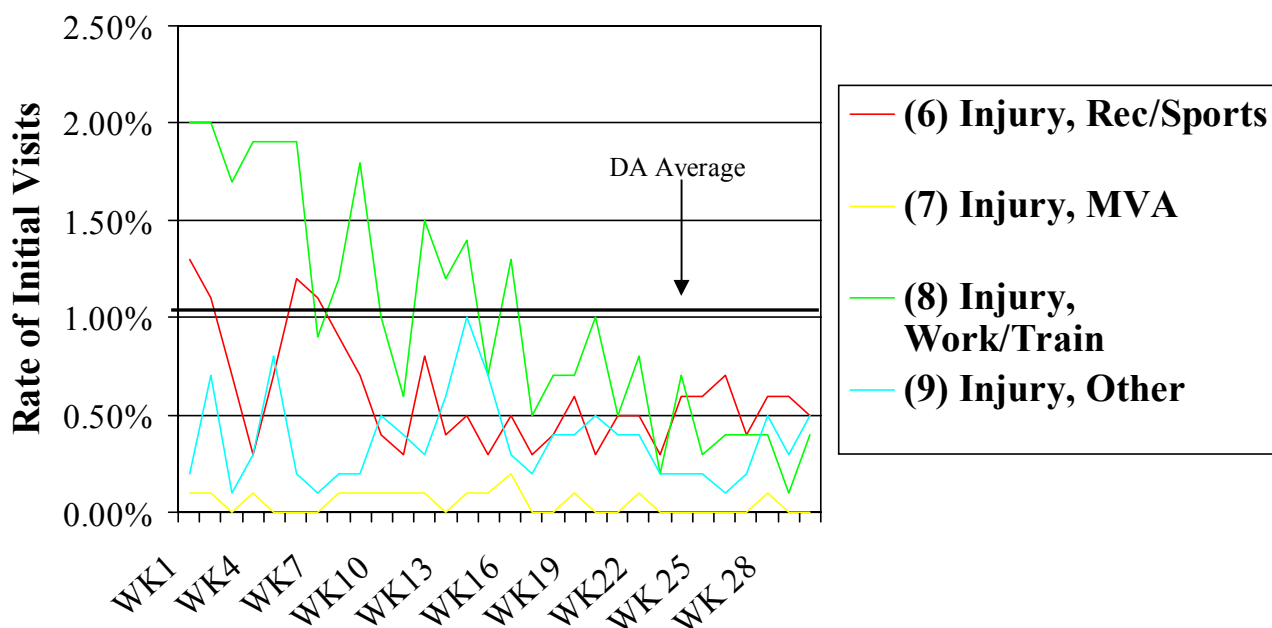


Figure 4: Injury Rates: Number of initial sick call visits to TMC and aid stations by mechanism of injury/Total number of soldiers on Fort Carson. Some units are not reflected in this total.